

Australian Coal Mining Health Surveillance Programs

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Legislative Basis for O H & S

- Occupational health and safety is legislated separately in each state
- All states now have the legislation based on similar 'duty of care' models
- Employers are required to have safety management systems that demonstrate effective health and safety management



State Health Surveillance Requirements

STATE	COAL	METALLIFEROUS, NON- COAL
Queensland	Centralised system required by regulation	Employer responsibility
New South Wales	Centralised system required by regulation	Employer responsibility
Western Australia	Centralised system by regulation	
Northern Territory	Not applicable	Employer responsibility
Tasmania	Employer responsibility	
Victoria	Employer responsibility	



Queensland Scheme

- Previous Scheme established 1983
- Pre-employment only
- Current Scheme commenced 1993
- Health assessments by Nominated Medical Advisers
- Fitness for Duties Employment restrictions
- Management of Records by Department
- Reciprocity / transportability of health assessment



New South Wales Scheme

- Established 1940s
- Upgraded 1989
- Managed by Joint Coal Board
- Government, Employer and Union Representation
- Workers Compensation Insurer
- Employs Medical Satfff and facilities



Western Australian Scheme

- Managed by Department of Mines
- Shaped by respiratory disease caused by asbestos and silica dusts
- Includes exposure monitoring
- Includes reporting of equivalent exposure group

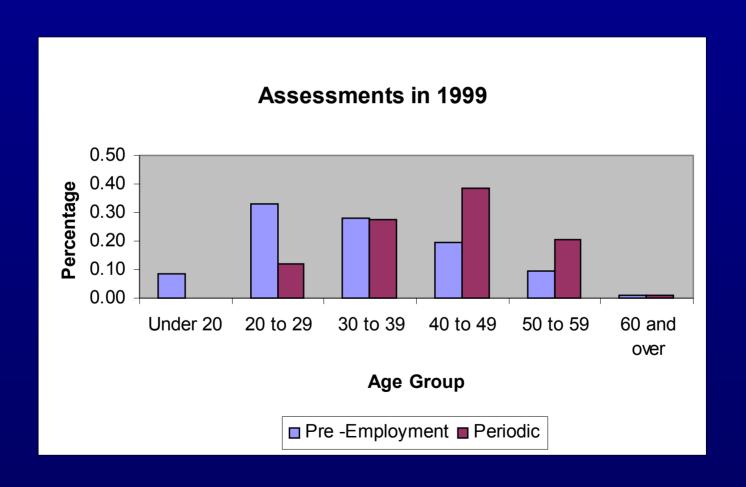


Strenghts of Health Surveillance

- Fitness for Duties
- Transportability for health assessments
- Annual employment census
- Exposure data linked to health data
- Use of medical to inform individuals
- Application of data for health promotion
- Research into mining OHS issues

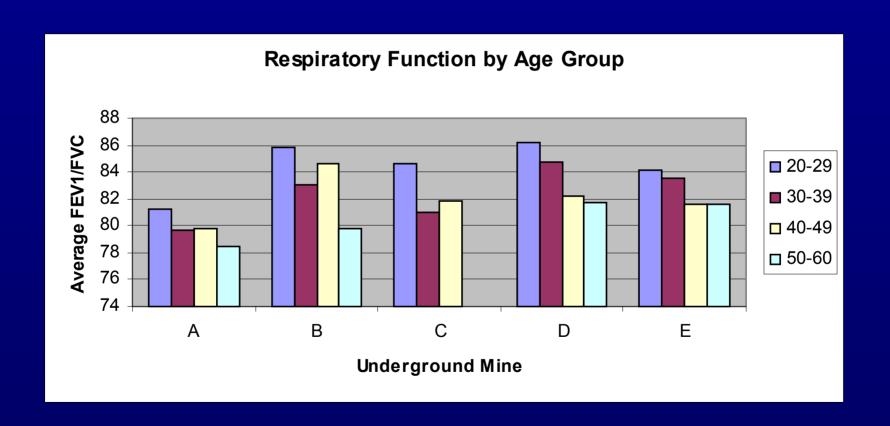


Use of Data Example 1



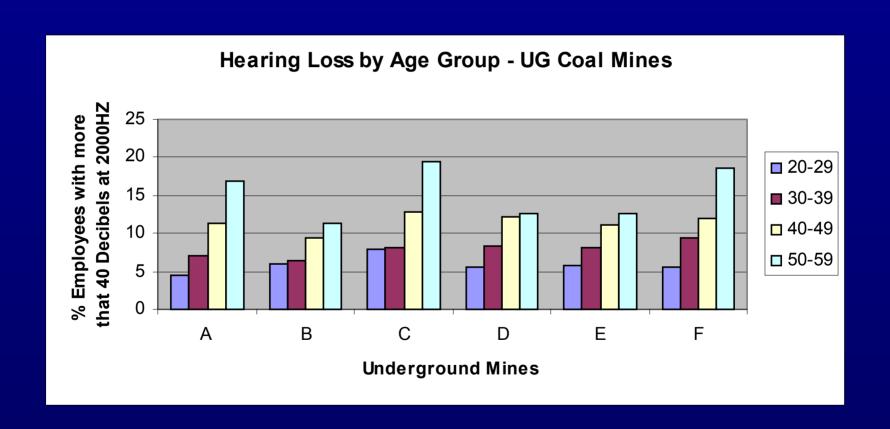


Use of Data - Example 2





Use of Data - Example 3





Elements of Effective Health Surveillance Systems

- Objectives clear
- Data collection cost effective, reliable
- Data management meticulous
- Analysis valid
- Reporting to target clients



Conclusions

- Involvement of employers, unions and government
- Confidentiallity of medical information
- Reliability and consistency
- Electronic for analysis and reporting
- Reliable collection of exposure data
- Reporting to service clients needs